

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		1		1			54						
5		1		1			55						
6		1		1			56						
7	1						57						
8		1					58						
9		1					59						
10		1					60						
11	1						61						
12		1					62						
13		18					63						
14		(18)		5			64						
15	1						65						
16			1				66						
17			1				67						
18			1				68						
19			1				69						
20			1				70						
21					1		71						
22							72						
23			1				73						
24					1		74						
25					1		75						
26					1		76						
27					1		77						
28					1		78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		16				TOTAL IND.						
TOTAL DEP.	17		16				TOTAL DEP.						
TOTAL CLAIMS	21		32				TOTAL CLAIMS						